

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049313

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

360

Primary Registration District No.

3076

Registrar's No.

216

STATE FILE NUMBER

FILED DEC 18 1962

1. PLACE OF DEATH

a. COUNTY

Vernon

b. CITY (If outside corporate limits, give TOWNSHIP only)

Nevada

Length of stay in 1b

32 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Nevada City Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Vernon

c. CITY
OR
TOWN

Nevada

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

404 N. Washington

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

EARNEST

W.

EARLL

4. DATE OF DEATH

Month

Day

Year

December 12, 1962

5. SEX

M

6. COLOR OR RACE

wh

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-17-1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrician

10b. KIND OF BUSINESS OR INDUSTRY

Norman Sheet Metal

11. BIRTHPLACE (City and state or country)

Buffalo, New York

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Missouri
Violan Jean Earll, Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

James J. Earll, Nevada, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Congestive heart failure

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

DUE TO (b)

Coronary arteriosclerosis

Unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Had repeated episodes

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from December 12 1962 to

Nevada, Mo

About midnight

and last saw him alive on December 12, 1962

Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

L.P. McCann

L.P. McCann, M. D.

22b. ADDRESS

Moore Bldg. Nevada, Mo.

22c. DATE SIGNED

12/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1962

December 15

23c. NAME OF CEMETERY OR CREMATORY

Newton Burial Park

23d. LOCATION (City, town, or county)

Nevada

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Ferry Funeral Home

Nevada, Missouri

25. DATE RECD. BY LOCAL REG.

Dec 15-1962

26. REGISTRAR'S SIGNATURE

Anna E. Jerry

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 085

2 1085

3

4 0

5 1

6

7 1

8 2

9 420.1

10

11

12 1-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. Douglas Ferry

Licensed Embalmer No. 4960

P. O. Address Meranda, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.